

STATES OF GUERNSEY
BOARD OF HEALTH



86th
ANNUAL REPORT
of the
**Medical
Officer of
Health**

REPORT FOR
THE YEAR 1984

REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR 1984

Lukis House,
Grange,
Guernsey

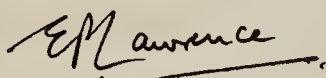
October 4th 1985.

Sir,

I have the honour to present to you my Annual Report on
the health of the Bailiwick of Guernsey for the year 1984.

I have the honour to be, Sir,

Your obedient servant,



E.P. Lawrence,
Medical Officer of Health.

The President,
Board of Health,
Guernsey

CONTENTS

<u>Page</u>	
2	Contents
3	Members of the Board
4	Introductory Letter to the Board
9	Public Health Department - Staff
11	Public Health Department - Finance
	STATISTICS
12	Vital Statistics
13	Selected Statistics Compared
14	Birth and Death Rates
15	Population Estimates - 1961 - 1984
17	Average Age at Death
	MATERNAL AND CHILD HEALTH
19	Preventive Child Health
22	Statistics - Births etc
25	Infant Immunisation
26	Health Visiting
28	Health Education
29	Family Planning
30	Non-Accidental Injury to Children
	COMMUNITY NURSING
31	Community Nursing Service
33	The Elderly
33	Residential Homes
34	Terminal Care
	MEDICAL ADVICE TO STATES DEPARTMENTS
35	Civil Service Board - Staff Health
	States Insurance Authority
	States Water Board
	Motor Tax Department
36	Control of Dangerous Drugs
	INFECTIOUS DISEASES
37	Notification of Infectious Diseases 1965 - 1984
38	Food Poisoning
39	Immunisations given by the Public Health Department
40	Sexually Transmitted Diseases
	ENVIRONMENTAL HEALTH
45	General
49	Housing
50	ALDERNEY Annual Report
	MORTALITY STATISTICS
54	Analysis of Mortality Statistics
55	Classified Causes of Death
65	Non Resident Deaths

MEMBERS OF THE BOARD OF HEALTH

Conseiller J. R. R. Henry, President

Deputy Rev. A.W. Ingrouille

Deputy Mrs B.E. Nicolle

Deputy L.S. Ogier

Deputy P. Roffey

Jurat G.L. Le Page

Mr R.E. Dorey

Dr S. Heyworth, M.B.,B.S.,D.Obst. R.C.O.G.

Mr J. Ferguson, M.D., F.R.C.S.

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr. President, and Members,

In November 1983 the Board's policy statement was published: - "A plan for Health Care to meet the needs of the Bailiwick of Guernsey". The Board identified a number of objectives in this plan, and it is useful to recall those of immediate relevance to the Public Health Department:

- To develop preventive health services so that disease can be avoided whenever possible.
- To develop services to meet the needs of special groups, such as the very young, the physically handicapped (including the blind and the hard of hearing) and the terminally ill.
- In consultation where necessary with other committees of the States to develop support services which will allow the majority of patients to continue to live at home whilst receiving medical care.
- To develop a service to meet the total needs of the elderly.

This plan emphasises the need to extend Community Care, and 1984 has seen the start of action to develop those ideas. However, harsh reality has followed close on the heels of good intentions - the States, early in 1984, expressed alarm at the ever increasing cost of public services. The "Wheadon Requete" led to committees being set up to look at expenditure, and in particular that of the three big spenders - the Board of Health, the Education Council and the States Insurance Authority with the express intention of finding where economies could be made. For labour intensive departments, such as Health and Education, staff salaries and associated costs account for three quarters or more of the total annual budget. The effective control of expenditure therefore means strict control of recruitment, and there is now a much more stringent appraisal of bids for new posts. This curb is hard to reconcile with public expectation. The increasing sophistication of medicine, new and costly ways of curing illness and reducing disability and the desire to move care from the hospital to the home all throw more strain on a finite budget. In particular a high standard of community care is not a particularly cheap option. The family rather than the Health Service may pay "hotel costs" but the Board of Health has to find more staff to meet dispersed rather than centralised provision of medical care.

Faced with having to live within a limited budget, the public and their elected Deputies have to come to terms with the "either/or" principle. New developments in health care are usually seen as being in addition to existing services, not in place of them. The public do not want "either/or" - they want both. Hospital provision can be supplemented by care in the community, which must be expanded. It may effectively postpone the need for admission to hospital, but for many there still has to be hospital provision at the end of the day. The Medical Officer of Health has to appreciate this dilemma when advising the Board how best to improve the health of the Island.

The answer has to be a judicious mixture of the old and the new, and in particular, funds for new developments may have to come from economies elsewhere. Perversely, good management may make the problem more difficult. The more efficiently a service is run, the harder it is to find economies, especially when ever higher standards are being set.

It is important to appreciate this background in order to explain why 1984 has been a difficult year for the Public Health Department. There has been a rapid succession of new appointments of senior staff, and inevitably there have been upheavals associated with these appointments. New staff bring new ideas and a fresh outlook but are constrained by the limits of the budget. These problems are being sorted out, with one major exception. This is the difficulty in selling the idea of a single preventive child health service, rather than the two services which exist at the moment - one for the under fives and a separately managed service for school age children. It would be far simpler and much more logical if the preventive services for all children were administered by one authority.

In January, Dr. Witherick retired after 15 years service as Deputy Medical Officer of Health and School Medical Officer. During her career in Guernsey she established a reputation for close involvement with the health problems of the Island's children, and is largely responsible for the high standard of services which have developed over the years. We are all grateful for her loyal service and wish her well in her retirement. Her place has been taken, on a temporary basis, by Dr. R.D.G. Creery, who has settled in Guernsey after retiring from the post of Consultant Paediatrician in Cheltenham. As well as providing a high standard of clinical input for the service, this arrangement has been invaluable in allowing a period of assessment of the Island's needs. These have to be seen in the context of rapidly changing views in the Child Health field on the mainland, before making a permanent long term appointment and setting the pattern for the future.

In April, Mrs. Dorothy Jackson took up her appointment as Director of Community Nursing. This is a new post, with a specific brief to manage and develop all aspects of Community Nursing, Health Visiting, and School Nursing, and in particular to expand the preventive role of the service. The aim is to set up Primary Care Teams, in which District Nurses and Health Visitors work as closely as possible with doctors in their surgeries. One practice now has fully attached nursing staff working in this way, serving the practice population rather than a geographical area. Three new Health Visitors have been recruited to relieve the pressure of work with young families, as well as to make a start in extending their preventive services for the elderly and the handicapped.

There have also been major changes in the administration of the Public Health Department based at Lukis House. In July Mr. Orton took over from Mr. Sweet as Unit Administrator. There have been regular meetings of a Community Management Team, consisting of the Medical Officer of Health, the Director of Community Nursing, the Chief Environmental Health Officer and the Unit Administrator. In practical terms this means that the department is now managed by a team, rather than by an individual medical administrator. The

clerical staff in particular have had to adapt to a number of changes. All in all, it has been a year of upheaval and stress; it is now essential to consolidate the changes that have been made.

Towards the end of the year a Health Education Advisory Group was formed, as a response to the increasing pressure to organise an effective service. "More Health Education" is seen as the answer to all manner of behavioural problems, from the prevention of smoking and the abuse of alcohol, drugs and solvents, to the prevention of child abuse and to improving the quality of life of the elderly. The advisory group have the formidable task of translating such intentions into effective action. They see the appointment of a Health Education Officer as the key to progress to provide drive and initiative and to co-ordinate what is at present a fragmented service. There is little point in providing the means of preventing illness without motivating individuals to do something about it - for example by accepting immunisation or health screening or going to a health counsellor for help with problems of addiction.

In last year's annual report, a plea was made for collaboration between social and health services when trying to help families who damage their children, or when faced with the problems of the elderly who cannot cope with daily living. The solution advocated, to set up a unified Social Services Department, may not have happened, but there is now much closer co-operation between departments. The Guernsey Child Abuse Committee has met regularly to co-ordinate ideas about the management and prevention of non-accidental injury. At the other extreme of life, the working party looking into services for the elderly has taken a comprehensive view in making recommendations, including the need for close collaboration between Health, Housing and States Insurance Staff in using resources as effectively as possible.

There have been no major alarms in the field of Infectious Diseases, nor have there been any epidemics. Immunisation levels remain satisfactory, with confidence returning in the value of protection against whooping cough. Advice has been prepared, especially for blood donors, about the current American and European epidemic of AIDS and its implications.

The Environmental Health department is hard pressed to achieve its potential for prevention. Understaffing means that work is complaint orientated, with insufficient time allocated to routine inspections and the educational approach. It is hard to explain that an increase in complaints dealt with implies a failure of prevention, whereas a drop in their number is an index of successful and time consuming preventive work, and does not mean staff are under employed. Prevention will never receive the attention it deserves if staff are fully stretched coping with complaints, which are the indicators of failures in prevention.

Mortality statistics are firmly established as indicators of the health status of the population, but comprehensive morbidity statistics are a far more elusive measure of the quality of life. The number of episodes of illness and a measure of the use and effectiveness of methods of treatment could be invaluable guides for planning services, but at present these figures have to be collected in an ad hoc fashion. For example, we have no precise measure of the

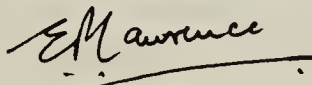
unmet need for hearing aids for the elderly, nor do we know how effective vaccination against rubella and audiometric screening has been to account for the declining incidence of permanent deafness in children. This lack of information hampers logical developments in many different fields of medicine.

The longevity of the population continues to be better than Jersey and the mainland with the average age at death being 71.1 for men and 77.1 for women, compared with 71.5 and 78.4 respectively in 1983.

The preventable causes of premature death in adults have not decreased in scale, and in particular smoking continues to take its toll. The number of deaths from cancer of the lung increased from 38 to 44. However, the indices of obstetric and infant care (the various mortality rates for these groups) remain satisfactory.

Once again, I am grateful for the continuing support of all staff working in the Public Health Department. The year has been one of change, and adapting to new faces and new personalities has been stressful. The service has survived thanks to the loyalty and enthusiasm of all individuals, but confidence in the future does need nurturing with the occasional word of praise and appreciation of what preventive medicine is all about: this report is an attempt to inform as well as comment on the state of Guernsey's health.

Yours faithfully,

A handwritten signature in dark ink, appearing to read 'E.P. Lawrence', written over a horizontal line.

Dr. E.P. Lawrence,
Medical Officer of Health

HISTORICAL FOOTNOTE

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie bewteen Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over simplification which must suffice for present purposes.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States of Guernsey. This independence from the central goverment of the United Kingdom is what the stranger to the Channel Islands finds most diffiicult to understand. Nevertheless it is so and some 900 years of self government since William, Duke of Normandy, gained the English Crown are sufficient proof of this.

PUBLIC HEALTH DEPARTMENT
MEMBERS OF STAFF

DATE OF COMMENCEMENT
OF SERVICE WITH DEPT.

Lawrence, Dr.E.P.	MA, MB, BCh, FFCM, DPH, DTM & H. Medical Officer of Health	1.9.83
Witherick, Dr.E.H.	MB, BCh, (Wales), Deputy Medical Officer of Health	24.4.69 to 20.1.84 (retired)
Creery, Dr.R.D.G.	VRD, MD, FRCP, DCH, Senior Clinical Medical Officer	4.1.84
Jackson, Mrs.D.	SRN, QIDN, CMB (Pt.1) HV Cert, FP Cert, Director of Community Nursing	2.4.84
Sweet, Mr.D.	Administrator	1.9.83 to 31.7.84
Orton, Mr.H.	Administrator (Community)	1.8.84

Environmental Health Officers

Bairds, Mr.J.M.	FRSH, MIEH Chief Environmental Health Officer	14.3.66
Wiltshire, Mr.S.W.B.	MIEH Environmental Health Officer	1.2.71
Horton, Mr.S.	MIEH Environmental Health Officer	1.7.79
Cook, Mr.J.L.	MIEH Environmental Health Officer	1.8.79
Rowe, Mr.T.P.	MIEH Environmental Health Officer	1.10.79
Smith, Mr.S.P.	Student Environmental Health Officer	2.7.82

Health Visitors

Le Tocq, Mrs.I.A.R.	RSCN, SRN, SCM, HV Cert.	18.2.63
Simon, Mrs.J.	SRN, SCM, HV Cert.	7.2.66
Renier, Miss H.M.	SRN, SCM, HV Cert.	1.4.70

Green, Mrs. M.	SRN, SCM, HV Cert.	13.11.72
Matthews, Miss A.D.	SRN, HV Cert.	1.1.75
Goss, Mrs.A.	SRN, HV Cert.	1.1.78
Erskine, Mrs.J.	SRN, SCM, HV Cert.	14.7.80 (Full-time) 8.8.83 (Part-time)
Lawrie, Mrs.D.L.	SRN, SCM, HV Cert.	3.1.84 (Part-time) 1.6.84 (Full-time)
Harris, Mrs.M.	SRN, SCM, HV Cert.	2.6.84 (Part-time)
Holmes, Mrs.J.M.	SRN, HV Cert.	1.1.84 to 30.6.84 (Part-time) 1.7.84 (Bank)

School Nurses

Smith, Mrs.S.	SRN	14.2.72
Roland, Mrs.J.	SRN, SCM	1.3.72

Community Nursing Team

Aeschimann, Miss D.	BA Hons, SRN, SCM Nurse Co-ordinator	13.1.75
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Domiciliary Nursing Sisters

de Jersey, Miss A.P.	RSCN, SRN, SCM	1.1.75
Le Conte, Mrs.M.	SRN, SCM	18.8.75
Mew, Mrs. P.	SRN	28.6.76
Le Gallez, Mrs.C.	SRN, SCM	1.1.78
de Garis, Mrs.S.E.	SRN, SCM	1.3.79
Jehan, Miss M.E.	SRN, SCM, MTD	1.3.79
Barrett, Mrs. K.	SRN, SCM	1.12.79
Herve, Mr.P.J.	SEN, NDN(E) Cert	1.10.79
Hunter, Mr. J.	SEN	4.10.81
Wylie, Mrs.R.	SRN, NDN Cert	1.4.82

<u>Chief Clerk</u>	Goodenough, Mrs.M.A.	1.5.77
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Rodent Control

Angell, Mr. J.	3.5.70 to 6.11.84 (retired)
Attwater, Mr.R.A.	17.12.73
De La Mare, Mr.J.	6.8.84

PUBLIC HEALTH DEPARTMENT - FINANCE 1984

(The figures for 1983 are shown in brackets)

			<u>1984</u>	<u>1983</u>
			<u>£</u>	<u>£</u>
Analyst's Fees			931	(1667)
Cleaning, Fuel, Light, Water and Rents			8583	(7749)
Infectious Diseases :				
Doctor's Fees	4627	(5898)		
Drugs, Vaccines, etc.	7874	(6092)		
	<u>12501</u>	<u>(11990)</u>		
Less Recoveries	4154	(2931)	8347	(9059)
Office Equipment and Furniture			2931	(3746)
Postage, Stationery and Telephone			5398	(7366)
Rodent and Pest Materials			3237	(1861)
Salaries and Wages			480083	(426525)
Superannuation less Employee's Contribution			46709	(45364)
Special Treatment Clinic			16796	(15157)
Upkeep and Repair of Building			868	(3332)
Travelling Expenses			52812	(52489)
Welfare Foods	5145	(4507)		
Less Recoveries	4160	(4287)	985	(220)
Other Expenses			6631	(5889)
			<u>634,311</u>	<u>(580424)</u>
Less Recoveries from Education Council			57,603	(44341)
			<u>576,708</u>	<u>(536083)</u>

VITAL STATISTICS - 1984 - GUERNSEY

Table 1:1	<u>1984</u>	<u>1983</u>
Estimated mid-year resident population	53,300	53,300
Population density per acre (area 16,063 acres)	3.32	3.32
Population density per hectare (6,500 hectares)	8.20	8.20
Live births	596	660
Live birth rate per 1,000 population	11.2	12.4
Illegitimate live births	93	93
Illegitimate live birth rate per 1,000 live births	156.0	140.9
Stillbirths	3	4
Stillbirth rate per 1,000 total births (live and still)	5.0	6.1
Marriages	404	408
Marriage rate-persons marrying per 1,000 population	15.2	15.4
Divorces	170	127
Divorce rate-persons divorcing per 1,000 population	6.4	4.8
Deaths among resident population	581	661
Death rate per 1,000 population	10.7	12.4
Corrected death rate (comparability factor 0.91)	9.7	11.3
Infant deaths - in first year of life	6	5
Infant mortality rate per 1,000 live births	10.1	7.6
Neonatal deaths - in first four weeks of life	4	4
Neonatal mortality rate per 1,000 live births	6.7	6.1
Early neonatal deaths - in first week of life	4	2
Early neonatal mortality rate per 1,000 live births	6.7	3.0
Perinatal deaths - stillbirths and early neonatal deaths	7	6
Perinatal mortality rate per 1,000 total births (live and still)	11.7	9.03
Maternal deaths	0	0
Deaths from cancer, all forms	145	155
Cancer mortality rate per 1,000 population	2.7	2.9
Cancer of trachea, bronchus and lung (ICD 162)	44	38
Lung cancer mortality rate per million population	825	713
Lung cancer deaths per 100 deaths from all cancer	30.3	24.5
Deaths from tuberculosis, all forms	0	0

(These figures are for the Island of Guernsey alone)

COMPARISON OF SELECTED VITAL STATISTICS

Table 1:2

	GUERNSEY				ENGLAND & WALES
	1984 No	Rate	5 year MEAN	Rates range - HIGHEST	1984 (PROV RATES)*
Estimated mid-year resident population	53,300	-	-	-	49764.000
Live births (rate per 1,000 population)	596	11.2	11.7	12.4	12.8
Stillbirths (rate per 1,000 total births - live and still)	3	5.0	6.3	8.1	5.7
Illegitimate live births (rate per 1,000 live births)	93	156.0	122.6	144.3	166.0
Marriages (rate, persons marrying per 1,000 population)	404	15.2	14.7	15.4	12.7
Deaths-resident population (rate per 1,000 population)	581	10.7	11.4	12.4	11.4
Deaths from cancer, all forms (rate per 1000 population)	145	2.7	2.6	2.9	2.9
Lung cancer deaths (rate per 100 cancer deaths, all forms)	44	30.3	24.9	28.6	25.5
Infant deaths (rate per 1,000 live births)	6	10.1	12.5	17.8	9.4
Neonatal deaths (rate per 1,000 live births)	4	6.7	8.6	11.3	5.9
Early neonatal deaths (rate per 1,000 live births)	4	6.7	5.4	7.7	4.8
Perinatal deaths (rate per 1,000 total-births - live and still)	7	11.7	12.6	14.4	10.5
Maternal deaths (rate 1,000 total births, live and still)	0	0	0	0	0
Deaths due to tuberculosis, all forms (rate per 1,000 population)	0	0	0	0	0.02

* From O.P.C.S. "Population Trends" No. 39.

GUERNSEY

Table 1:3 Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate, Infant Deaths and Infant Death Rates 1961-1984 inclusive.

Year	Resident Population+	Live Births	Birth Rate*	Deaths	Crude Death Rate*	Infant Deaths	Infant Death Rate#
1961	44,012	757	17.2	569	12.9	16	21.1
1962	44,705	797	17.8	569	12.7	15	18.8
1963	45,395	842	18.6	542	11.9	24	28.5
1964	46,085	891	19.3	540	11.7	19	21.3
1965	46,775	816	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971	50,921	768	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	653	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1

+ Estimated mid year population

* Rates per 1,000 population

Infant death rate per 1,000 live births

Table 1:4

POPULATION ESTIMATES - 1961 - 1984

GUERNSEY (including Herm and Jethou) for the past Four Census Years and Estimated populations mid-year 1962 - 1984 inc.

The estimated population is based on the information available from the past three censuses taken together. The working has been explained in Guernsey Annual Health Reports for 1978 and 1979, to which reference should be made for detail.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1961 C	44,012	21,172	22,840	757	569	188
1962	44,705	21,505	23,200	797	569	228
1963	43,395	21,835	23,500	842	542	300
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	214
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	51
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300 ¥	25,720	27,580	660	661	-1
1984	53,300 ¥	25,720	27,580	596	581	15

C Census Year

¥ No recalculation has been made since 1982 because of the small difference between births and deaths in these latter years.

The effect of immigration is a much more elusive factor to quantify and is not shown.

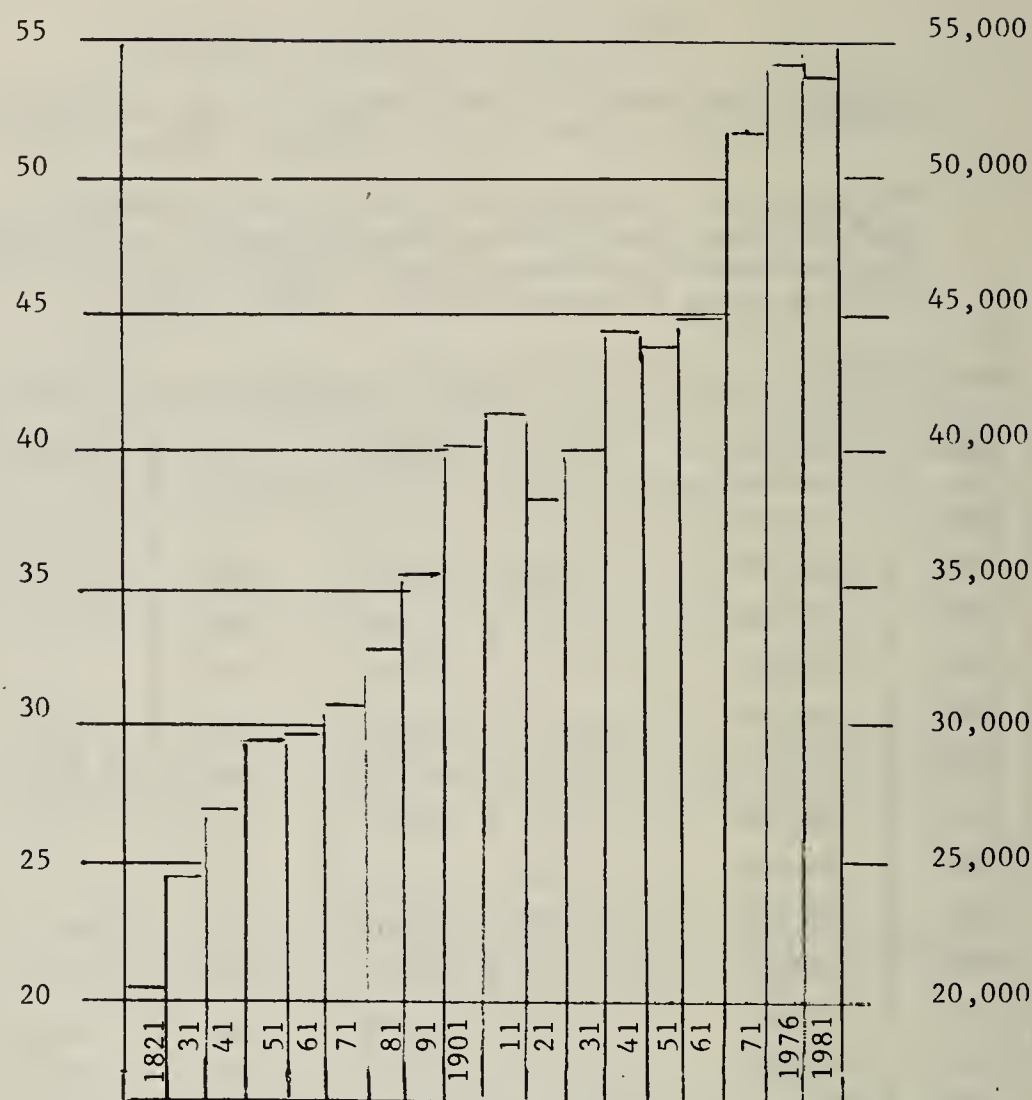


Fig: 1:5 CENSUS POPULATIONS 1821 to 1981 - GUERNSEY

	GUERNSEY	ALDERNEY	SARK	HERM	JETHOU	BAILIWICK
1821	20,302	1,154	488	28	9	21,981
1861	29,804	4,932	583	41	5	35,365
1911	41,823	2,561	579	33	2	44,998
1961	44,968	1,472	561	90	8	47,099
1971	51,351	1,686	590	96	11	53,734
1981	53,268	2,086	N/K	37	8	56,000 (est)

Table 1:6 CENSUS POPULATIONS 1821 - 1981 - BAILIWICK

Table 1:7

GUERNSEY ; SOME COMPARISONS OF AVERAGE AGE AT DEATH

FEMALE DEATHS	<u>1974</u>	<u>1979</u>	<u>1983</u>	<u>1984</u>
Guernsey	76.9	76.3	78.4	77.1
Jersey (mid 5 year average)	75	76	76	75
UK	74	75	75.2	75.5

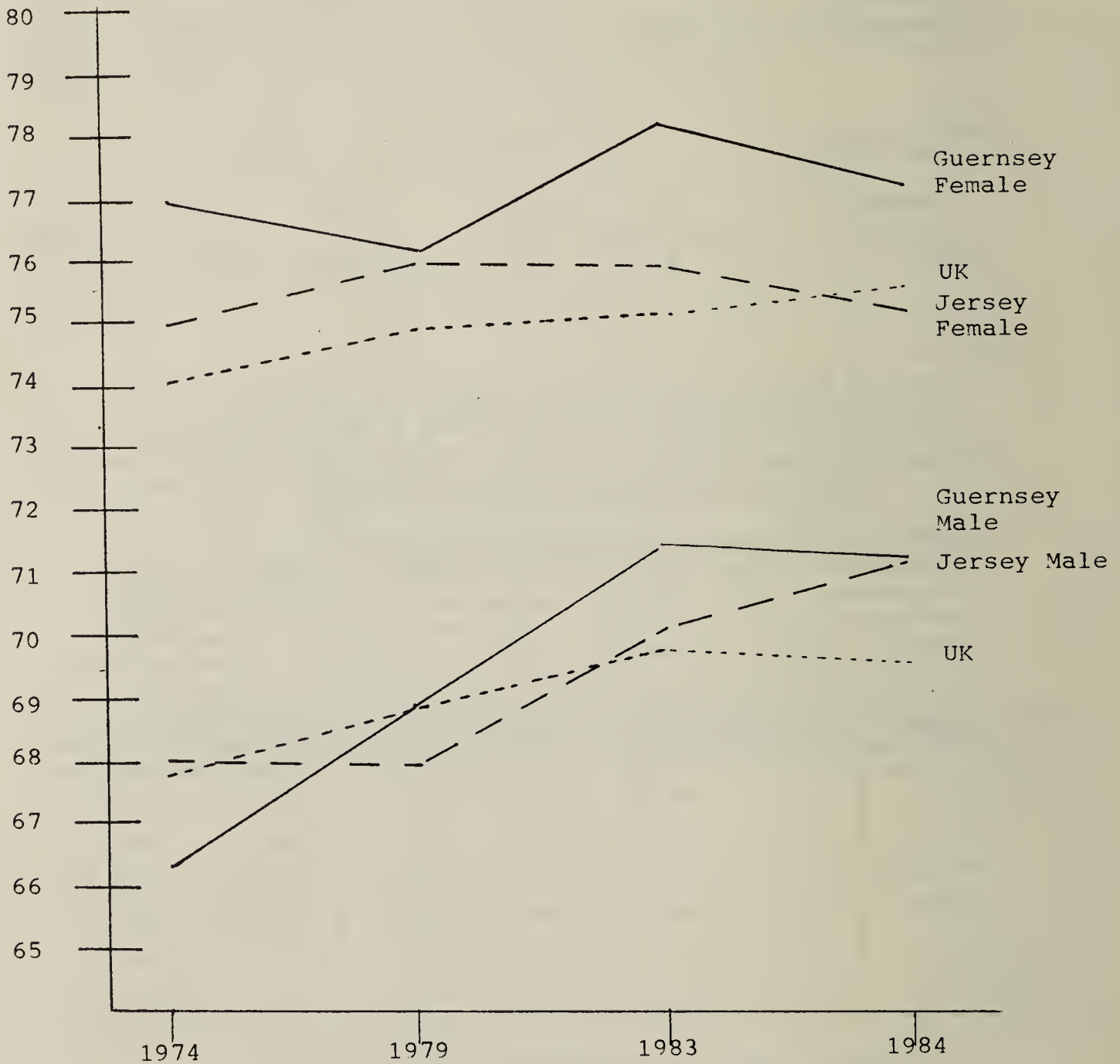
MALE DEATHS

Guernsey	66.3	68.9	71.5	71.1
Jersey (mid 5 year average)	68	68	70	71
UK	67.7	68.8	69.6	69.5

Over the years, the average age at death is an indicator of the expectation of life, and of the longevity of the population. However, relatively small numbers can cause difficulty in deciding how significant changes are, compared year by year. The slope of the graph is a more reliable indicator of a true trend.

This trend does not differ markedly from that of Jersey, nor from that of the United Kingdom. In other words, if longevity is used as a measure of the "health" of the Islands, the figures indicate a satisfactory state of affairs. They are, however, a measure of quantity rather than quality. What is of interest, and of importance to planning care for the elderly, is that the 6 year difference between the averages for men and women appears to be relatively constant. This means that on average, widows may need support and help for 6 years of their lives, when they may have to manage on their own.

Fig 1:8

Average age
at DeathCOMPARISON OF AVERAGE AGE AT DEATH
(ALL DEATHS)

PREVENTIVE CHILD HEALTH

The aim of this service is to promote the health of children and to minimise disability, in the belief that a healthy child has a better chance of growing into a healthy adult.

Four main approaches are used - Systematic screening for abnormalities, education about healthy living, advice on how best to use the health services and protection from specific illnesses by Immunisation.

Success depends on good team work, involving family doctors, health visitors, school nurses and the Senior Clinical Medical Officer.

During the year a schedule of procedures was agreed, and is given in outline below to indicate how different members of the team work together. The preventive programme is carried out in the home, in surgeries, in Child Welfare Clinics, at Lukis House and in schools.

Screening It is now generally accepted that the most important physical abnormalities are detected in the first year of life.

Thereafter, the important points to watch are the development of walking and of speech, and of the special senses of sight and hearing.

Regular reviews of sight and hearing are the two most valuable screening measures needed after infancy. If the child is competently examined before the age of one year, little is to be gained by further full physical checks at frequent intervals. It is nevertheless vital that the service should respond promptly to an invitation to check a child whose development or behaviour does not seem normal. This combination of careful assessment in the first year of life, some routine screening thereafter, and response to referrals at any age is the current basic pattern of preventive child health services.

Prevention Programme:

Pre School

Ante natal care: Health Education and Surveillance during the ante natal period is shared between Health Visitors, Midwives and doctors.

10th Day: Health Visitors take over their duties from the Community nurses when a baby is 10 days old; they visit the mother, giving support and advice and encourage attendance at well baby clinics for screening and at doctor's surgeries for Immunisation. The family doctor carries out a physical examination of the new born infant as part of routine perinatal care.

Six Weeks: This should be followed with a second examination by a doctor at about six weeks of age. Health Visitors carry out periodic development checks throughout infancy as part of their surveillance during continued contacts with the family.

3 - 9 months: It is recommended that routine primary immunisation against diphtheria, tetanus, whooping cough and polio should consist of three spaced doses of the vaccines at about 3, 5 and 9 months of age.

- 8th month: Health Visitors carry out a developmental check on all babies at Lukis House; hearing is tested by the distraction method. If progress is in doubt, the baby is referred to the Senior Clinical Medical Officer, for an opinion.
- 13 months: Vaccination against measles by the family doctor is recommended.
- 3 Years: Health Visitors carry out a developmental check including hearing and visual acuity and again refer problems to the Senior Clinical Medical Officer. The immune status is reviewed, parents are encouraged to finish incomplete programmes and in particular to accept vaccination against measles, if this has not been done. Parents are also encouraged to take their child to a Dentist for routine surveillance if they have not yet done so.
- At School:
- 4 - 5 Years: At school entry, every child has a routine physical examination by the school doctor; the sight and hearing are tested. A skin test for tuberculosis is carried out by the school nurse, who also checks height and weight. Immunisation is reviewed, with encouragement to accept boosters against Diphtheria, Tetanus and Polio from the family doctor.
- 7 Years: The sight of all 7 year olds is checked.
- 10 Years: The school doctor carries out a physical examination. Hearing and Vision, including colour vision, is tested. A tuberculin skin test is carried out and negative reactors are vaccinated against TB. The school nurse checks height and weight.
- 11 Years: Girls are vaccinated against German Measles.
- 13 Years: Vision screening is carried out.
- 15 Years: Each individual's state of health is reviewed and those requiring physical examination are seen by the school doctor. Sight and hearing are checked. The school nurse checks height and weight. Girls who have missed Rubella vaccination are encouraged to have this done.

Health Visitors, school nurses and school doctors accept referrals from teachers or parents of any child of any age where there is concern about health or development. The action taken includes investigation of the problem, liaison with other professionals and in particular the family doctor, or referral for specialist help, as appropriate.

BIRTHS IN 1984 AND THE FIRST YEAR OF LIFE

There were 596 live births in 1984 and 3 still births.

There were 6 deaths of infants under a year old, 4 of which occurred in the first four weeks of life (neonatal deaths); these were all early neonatal deaths, in the first week.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were seven perinatal deaths in 1984, yielding a perinatal death rate of 11.7 per 1,000 births both live and still. These statistics compare favourably with those of England and Wales, and are about half the figures of ten years ago.

Statistics relating to births and infant deaths since 1959 are shown in Table 2.1. It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate, for example, has fluctuated from 6.1 to 11.3 in the last 7 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next.

This table, taken as a whole, is however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past quarter century, and of the maintenance of a high standard of care.

It is salutary to remember that just over 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was over seven times today's rate.

Table 2:1

STATISTICS RELATING TO BIRTHS AND INFANT DEATHS 1959 - 1984

	Live Births	Birth Rate	Male Live Births	Female Live Births	Stillbirths	Infant Deaths	Infant Death Rate	Neonatal Deaths	Neonatal Death Rate	Early Neonatal Deaths	Early Neonatal Death Rate	Perinatal Death Rate	Maternal Deaths
1959	709	16.1	385	324	14	14	19.7	10	14.1	-	-	-	0
1960	769	17.56	364	405	17	12	14.30	10	13.00	-	-	-	0
61	757	17.20	388	369	19	16	21.14	13	17.17	-	-	-	0
62	797	17.83	401	396	15	15	18.82	9	11.29	-	-	-	0
63	842	18.55	455	387	13	24	28.50	21	14.94	-	-	-	0
64	891	19.33	453	438	7	19	21.32	14	15.71	11	12.35	20.05	1
65	816	17.45	427	389	11	16	19.61	11	13.48	8	9.80	22.98	0
66	780	16.43	397	383	12	13	16.67	12	15.39	10	12.82	27.78	0
67	741	15.39	362	379	16	24	32.39	24	21.29	16	21.29	42.27	0
68	752	15.40	388	364	10	16	21.28	9	11.97	9	11.97	24.93	0
69	830	16.75	424	406	8	14	16.87	10	12.05	10	12.05	21.48	0
1970	794	15.81	393	401	7	13	16.37	10	12.59	10	12.59	21.22	0
71	766	15.04	385	381	12	10	13.06	8	10.44	7	9.14	24.42	0
72	790	15.35	414	376	7	14	17.72	9	11.39	7	8.86	17.57	0
73	652	12.54	351	301	8	11	16.87	8	12.27	8	12.27	24.24	0
74	679	12.92	344	335	10	9	13.26	6	8.84	5	7.36	21.77	1
75	611	11.51	311	300	10	9	14.73	8	13.09	6	9.82	25.76	0
76	623	11.62	326	297	7	9	14.45	8	12.84	8	12.84	23.81	0
77	587	10.82	315	272	3	5	8.52	1	1.70	1	1.70	6.78	0
78	582	10.71	298	284	6	9	15.46	4	6.87	4	6.87	17.01	0
79	646	11.84	328	318	3	8	12.38	5	7.74	5	7.74	12.33	0
1980	622	11.65	339	283	5	8	12.86	6	9.65	4	6.43	14.35	0
81	619	11.62	335	284	5	11	17.77	7	11.31	4	6.46	14.42	0
82	589	11.10	314	275	3	6	10.19	5	8.50	2	3.40	8.50	0
83	660	12.50	337	323	4	5	7.60	4	6.10	2	3.00	9.03	0
1984	596	11.18	299	297	3	6	10.1	4	6.7	4	6.7	11.7	0

Table 2:2

TOTAL LIVE BIRTHS 1984 (BY AGE OF MOTHER)

<u>AGE-GROUP</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15-19	26	22	48	8
20-24	78	78	156	26
25-29	106	105	211	36
30-34	61	65	126	21
35+	29	26	55	9
	<u>300</u>	<u>296</u>	<u>596</u>	<u>100</u>

Table 2:3

ILLEGITIMATE LIVE BIRTHS 1984 (BY AGE OF MOTHER)

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15-19	20	11	31	33
20-24	16	18	34	37
25-29	9	4	13	14
30-34	3	3	6	7
35 +	5	4	9	9
	<u>53</u>	<u>40</u>	<u>93</u>	<u>100</u>

Teenage Pregnancies:

There were 48 teenage pregnancies (8% of all births). Almost two thirds (65%) of these teenage pregnancies resulted in illegitimate infants being born.

These 31 infants were therefore born with a number of risk factors - illegitimacy, a young and inexperienced parent, often single, and with twice the chance of small size and immaturity at birth (20% of illegitimate infants were under 5½lbs at birth, compared with 9% for all births).

Twins: Three pairs were born in 1984, compared with four in 1983.

Table 2:4 LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE AND ILLEGITIMATE - 1984

BIRTH WEIGHT GRAMMES	BIRTH WEIGHT LBS AND OZS	BABIES LEGITIMATE M F	BABIES ILLEGITIMATE M F
Under 501	<1lb - 3ozs	- -	- -
501 - 1,000	<2lbs - 4ozs	- -	2 -
1,001 - 1,500	<3lbs - 5ozs	4 -	- -
1,501 - 2,000	<4lbs - 7ozs	1 4	4 -
2,001 - 2,500	<5lbs - 8ozs	11 15	8 3
2,501 - 3,000	<6lbs - 10ozs	36 44	24 13
3,001 - 3,500	<7lbs - 11ozs	103 106	12 15
3,501 - 4,000	<8lbs - 13ozs	72 69	1 8
4,001 - 4,500	<9lbs - 15ozs	15 18	2 1
4,501 - 5,000	<11lbs - 0ozs	5 -	- -
OVER - 5,000	>11lbs - 0ozs	- -	- -
TOTALS		247 256	53 40
		503	93
Total live births		596	

9% of all infants born weighed less than 2.5 Kgm (5.5lbs) at birth (UK rate 7%)but it should be noted that 20% of illegitimate babies were small by this definition.

INFANT IMMUNISATION

The number of infants eligible for immunisation (at risk from the disease) for each year in the table below is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisations.
"Protected" children are those who have had a complete primary course of immunisation.

Table 2:5

Year		Infant Population at risk by year of birth		PROTECTED AGAINST							
				Diphtheria & Tetanus		Whooping Cough		Polio		Measles	
				No.	%	No.	%	No.	%	No.	%
1979		633		616	97.3	348	55.0				
1980		575		563	98.9	322	56.0				
1981		590		548	92.9	378	64.0	400	67.8	56	9.5
1982		592		405	68.4	351	59.3	378	63.9	162	27.4
1983		660		535	81.1	465	70.5	331	50.2	186	28.2
1984		609		171	28.1*	157	25.8*	115	18.9*		

* These figures are incomplete. Infants born in the last quarter of 1984 are only just commencing immunisation by the years end.

Measles vaccination is offered in the second year of life; no children are vaccinated in the year of birth. Notification of vaccination started in 1983, so the total is an under estimate of the true position. Notification of vaccination against Polio is likewise very incomplete; this is being remedied.

Confidence in the value of vaccination against whooping cough is returning: the acceptance rate is steadily increasing and is now over 70%. It is of interest that on the mainland a decade ago, before the vaccination scares of the mid 70's, public health departments were regularly vaccinating over 95% of their infants, year in, year out. As a consequence they had virtually eliminated the disease. The last epidemic of whooping cough in Guernsey was during the winter months of 1982/83. No cases were notified in 1984.

The number of children protected against whooping cough are those who have had 3 doses of Triple Vaccine (DTPer/Vac).

Those protected against diphtheria and tetanus have either had a total of 3 doses of Triple Vaccine or Diph/Tet vaccine.

The relatively low official levels of protection of children born in 1982 are due to under reporting rather than failure to immunise - an extra 11% completed 2 doses but the 3rd is not recorded at Lukis House

Table 2:6

ANNUAL STATISTICS FOR HEALTH VISITORS - 1984

		1984	1983
1)	<u>Pre-school Visits:</u> (4151 visits)		
	Primary 0-1	398	572
	Primary 1-5	44	56
	Re-visits 0-1	2321	3181
	Re-visits 1-5	1388	1811
2)	<u>School Children:</u> (76 visits)		
	Home visits	73	92
	School visits	3	5
3)	<u>Visits to:</u> (673 visits)		
	Families with problems	225	265
	The Elderly	73	156
	Physically handicapped	16	19
	Mentally ill	12	6
	Ante-natal	92	80
	Hospitals	45	20
	Nursing Homes	5	11
	Playgroups	36	4
	Children's Ward Liaison	31	43
	Miscellaneous	138	176
4)	<u>Infectious Diseases :</u>		
	<u>B.C.G. Programme:</u> (30 visits)		
	M.P.T.	9	84
	B.C.G.	9	46
	Home visits	12	26
5)	<u>Unsuccessful Visits:</u> (no access)	815	816
6)	<u>Clinics:</u> (674 sessions)		
	Maternity bookings	107	219
	Developmental screening.....	322	342
	Child welfare	245	245
7)	<u>Health Education:</u> (245 sessions)		
	Schools	4	4
	Groups	7	3
	Preparation sessions.....	31	45
	Parentcraft.....	44	63
	Relaxation	40	77
	Post-natal	107	108
	Film Evening.....	12	17
8)	<u>Meetings with:</u> (377 sessions)		
	Medical Officer of Health.....	68	31
	School Medical Officer	24	6
	Health Visitors.....	126	16
	Group Practices	102	60
	Community Nurses.....	6	1
	Case Conferences	7	16
	Other	44	64
9)	<u>Miscellaneous:</u> (333 sessions)		
	Clerical.....	208	163
	Interviews at Lukis House.....	82	102
	Evening and Weekend visits.....	12	35
	Pupil Nurse Training	31	35

Table 2:7

CHILD HEALTH CLINICS - 1984

Number of Clinics held and number of Children seen by Health Visitors at these Clinics.

	No. of Clinics Held	Children seen			
		Number 0 - 1	Average per Clinic	Number 1 - 5	Average per Clinic
Brock Road, St. Peter Port	24	327	14	182	8
Cobo	52	1,300	25	462	9
Lukis House	51	1,240	24	314	6
L'Islet, St. Sampson's	23	627	27	223	6
St. Peter's	24	402	17	164	6
St. Martin's	23	578	25	190	8
St. Sampson's	24	403	17	185	8
Wesley Church Hall, St. Peter Port	24	194	8	141	6
Totals:	245	5,071	21	1,861	8

Total: 6,932 Children

<u>1983</u>	245	<u>5,344</u>	<u>1,900</u>
		Total 7,244	

HEALTH EDUCATION

This service involves an approach to individuals by Health Visitors, School Nurses and Environmental Health Officers, as well as group approach involving films and discussion, and teaching in schools. Topics covered have included Glue sniffing, alcohol and drug addiction, and the perils of hypothermia.

A States Committee was set up in 1983 to investigate ways of reducing alcohol, drug and solvent abuse related offences. This Committee, on which the Medical Officer of Health serves, has widened its mandate to consider the broader aspects of addictive behaviour. It reported to the States in February on solvent abuse, and recommended that the subject of Health Education should be included and given greater emphasis in the curriculum of both Primary and Secondary Schools.

In December a Health Education Advisory Group was formed under the Chairmanship of the Medical Officer of Health, with a membership including the Director of Community Nursing, the Warden of the Teacher's Centre, the Senior Tutor of the Nurse Training School and the Senior Clinical Psychologist. The remit of this group is to assist the Medical Officer of Health to recommend a policy to the Board of Health and the Education Council on how best to develop a Health Education service. The prime need for a Health Education Officer became apparent at an early stage, to act as coordinator and motivator, and it was hoped to develop links with the Health Education Council and with Southampton Health Education Department.

FAMILY PLANNING

The Guernsey Family Planning Association continued to provide a service which meets a very real need. Clinics are held on Wednesday evenings and on the first Saturday morning each month, at Lukis House.

The Clinic is available to the public both directly (for those unwilling initially to consult their own doctor) as well as to individuals referred by their doctor or Health Visitor.

NON - ACCIDENTAL INJURY TO CHILDREN

As a result of a case involving serious injury late in 1983, an informal Child Abuse panel was set up in 1984. This panel consisting of the Children Officer, a Chief Inspector of Police, the Chief Inspector of the NSPCC, the Director of Community Nursing and chaired by the Medical Officer of Health, met on a number of occasions to coordinate the management of cases. The panel considered the setting up of an 'At Risk' register, guidelines for the management of cases, and the training requirements of staff. In all, 17 cases were referred to the Chairman. In five of these, the child was taken into care, and 10 had informal continuing supervision and help from a Child Care officer, Health Visitor or both. Two left Guernsey and came under the care of the Social Workers in England.

COMMUNITY NURSING SERVICES - 1984

1984 was the beginning of a change in management and structure for the Community Health Services.

In April the Director of Community Nursing took up a new position in the Community Services, and is responsible for District Nursing, Health Visiting, School Nursing, Residential Homes and Alderney Community Services.

This has been a very busy unit throughout 1984. A Child Health booklet was designed and produced for new parents; also a leaflet was designed and produced informing parents of children that have just started school on the role of the School Nurse.

A lot of time has been put into coordinating and producing the Child Abuse Guidelines; at the time of this report it is still being reviewed.

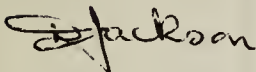
Negotiations have taken place with Jersey and the English National Board regarding the feasibility of Inter-Island District Nurse training. This is still under review.

A Primary Health Care Team was established at St Sampson's Practice of doctors and staff, and I am pleased to report this has gone very well. We are hoping within the next few years to spread the Primary Health Care concept to other practices.

Early in 1984 a Home Care Sister was appointed to look after patients and families with special needs, these being patients with terminal cancer.

Also during 1984 the Community Midwife transferred to a base at the Princess Elizabeth Hospital Midwifery Unit, so that she can be kept up to date with modern trends in midwifery and also work as a team member.

Many meetings have taken place throughout 1984 to review community aspects of the Geriatric Services - this is still under discussion at the time of this report.



D. Jackson,
Director of Community Nursing.

Statistics:

Comparative figures appear in the following tables:

Table 3:1

Community Nursing and Midwifery Visits

	1976	1983	1984	% changes in 1984
General visits	23,184	49,872	49,468	- 0.8
Visits to 65 and over	18,680	42,507	41,996	- 1.2
% of visits to 65 and over	80.2	85.2	84.9	
Twilight nursing visits	none	9,020	8,300	- 2.4
Midwifery visits	1,961	3,989	3,623	- 9.1
Total visits excluding Midwifery visits	23,184	58,892	57,768	- 1.9
Overall total visits	25,245	62,881	61,391	- 2.3

There was one home delivery in 1984.

Table 3:2

Patients

Patients Referred	1976	1982	1984
New referrals	N/K	548	671
Existing patients	N/K	388	448
Totals	600	936	1,119

THE ELDERLY

It is estimated that there are 8500 individuals over 65 years of age living in Guernsey, of whom 3500 are over 75. This latter group in particular are those who may require extra services from Community nurses amongst other professionals. Possibly half those over retiring age and two thirds of the over 75's live alone. Community nurse's visits were slightly less in number than last year's peak. This is because they have concentrated their work on those patients requiring nursing skills rather than simply a supportive visit.

The working party on services for the elderly, consisting of Senior members of staff from the Princess Elizabeth Hospital, King Edward VII, the Catel Hospital and the Community Unit met on a number of occasions to draft a report to the Board of Health. It is intended that this working party should continue in being as a planning team concerned with revision of this report and a continuing review of collaborative services.

A start has been made in setting up a Geriatric Liaison team, of staff from the King Edward VII Hospital and Community Services, to assist in the assessment and placement of the dependant elderly, and the provision of comprehensive care for them.

A Seminar on hypothermia was organised at Beau Sejour in November. Dr Green, Consultant Geriatrician, spoke and answered queries on this topic.

Residential Homes

There are 8 licensed homes offering 179 places. Three new applications for licence were approved in 1984

These homes are licensed by the Board of Health and inspected at intervals by an Environmental Health Officer and by a member of the nursing staff. Draft guidelines were prepared for applicants intending to operate a Residential Home, but were not approved by the Board of Health in their final form until April 1985.

TERMINAL CARE

The Board of Health established the full time post of Home Care Sister early in 1984. Mrs Jones was appointed in April, and undertook a period of training at Christchurch. By the end of the year she was working with 22 cases and had 43 referrals from five of the six Island practices. Her work involved a total of 481 visits.

Later in the year, two beds in the Princess Elizabeth Hospital were reserved for Hospice type care. A further innovation was the introduction of the Syringe driver as a means of providing continuous pain relief in the home as well as in the hospital.

During 1984, 145 patients died from cancer, compared with 155 in 1983.

There were a number of visitors from the mainland who met staff and discussed the management of terminal illness.

The Guernsey Society for Cancer Relief, set up towards the end of 1983, played an active part in helping individuals in the Island.

MEDICAL ADVICE TO STATES DEPARTMENTS

Civil Service Board.

The routine pre employment physical check of all States employees was discontinued and replaced by assessment by questionnaire, with the medical examination of selected individuals when indicated. This is in line with the present policy of occupational medicine physicians. There has been in the past, and there still is today in some quarters a firm belief that a regular medical check up is a good guarantee of future health. This may be a very comforting thought for managers, and indeed for individuals, but it may not be true. It may also be counter productive in that it is a way of delegating responsibility for health onto somebody else (the doctor) rather than facing the fact that maintaining a healthy life style is one's own responsibility. Routine medical screening programmes have been reviewed very critically over the years, with the conclusion that they can easily become a mis applied preventive health measure. There is certainly a good case for some selected procedures for some selected groups, but repeated comprehensive whole population screening is costly, time consuming and ineffective.

Recommendations regarding early retirement on medical grounds were submitted for 13 individual employees, and for 7 teachers.

States Insurance Authority.

Dr C.G. White was appointed as part time medical adviser , to assist the Authority with medical advice on the clinical aspects of cases applying for or receiving benefits.

States Water Board

In view of the steady increase over the years of the average level of nitrates in the water supply, the evidence regarding potential harmful effects was reviewed. The conclusion reached was that the current EEC limit may be unnecessarily restrictive, and that the local situation warranted careful monitoring but certainly did not indicate the need for intervention or special treatment measures at present.

Motor Tax Department.

There were 19 consultations regarding medical aspects of fitness to drive.

In August new copies of the 1978 booklet "Medical Aspects of Fitness to Drive" and additional advice about cardiac conditions and epilepsy were circulated to all doctors. The UK relaxation of restrictions regarding drivers who had suffered from epilepsy (i.e. allowing a return to driving after 2 years freedom from fits, rather than waiting for 3 years) has been accepted as a guideline locally.

The control of drunken driving remains the single most urgent and important medical aspect in the prevention of road accidents.

Control of Dangerous Drugs

The import, export, production, supply and possession of certain powerful addictive drugs such as morphine and heroin, is controlled by law to prevent abuse and to ensure they are used only for prescribed treatment.

The Medical Officer of Health on behalf of the Board of Health, has a duty to inspect and sign import licences for Controlled Drugs.

Table: 4:1

Misuse of Drugs Law 1974

Importation Licences for Controlled Drugs issued annually 1976-1984

1976	40 (from June 1st only)
1977	80
1978	89
1979	82
1980	87
1981	117
1982	112
1983	117
1984	118

The sudden increase in 1981 is explained by the development of a pharmaceutical manufacturing business which commenced production of two preparations the formulation of which includes controlled drugs. The firm's requirements are imported in bulk periodically as production requirements dictate, each importation requiring a licence. There are now 9 Pharmacists applying for licences.

Table 5:1

NOTIFICATIONS OF INFECTIOUS DISEASES

	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
Measles	7	1	1	1	-	-	-	-	-	1292	13	25	523	217	3	581	123	71	258	27
Whooping Cough	2	-	-	-	-	-	-	3	1	12	5	5	157	23	69	17	11	42	48	-
Food Poisoning	-	-	2	1	-	1	3	1	-	-	12	13	33	59	28	38	29	27	22	17
Dysentery	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3	1	1	-
Paratyphoid Fever	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Scarlet Fever	1	-	-	1	-	-	-	2	1	3	11	1	3	8	5	2	9	3	4	-
Infective Jaundice	-	4	-	1	1	-	-	-	1	3	6	3	3	5	2	3	3	2	4	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-	-	6	-	-	-	-	-	-	1	1	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	-	-	2	2	3	-	2	1	1	1	1	-	1	1	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Tuberculosis	21	16	11	10	7	8	9	2	3	8	5	9	8	8	2	3	5	4	3	1

FOOD POISONING - 1980 - 1984

Table 5:2

Number of Episodes.

CAUSAL ORGANISM	Year	1980	1981	1982	1983	1984
Salmonella sp		12	13	18	14	18
Campylobacter		*	*	*	1	16
Organism not identified		45	18	23	5	12
Total No. of Episodes		57	31	41	20	46
No. OF PREMISES		*	11	19	7	1
No. OF PERSONS POSITIVE		12	26	23	29	34
No. OF PERSONS AT RISK		*	447	196	127	108

The figures include suspected and proven cases.

* Gaps in the table are due to change in the methods of recording over the years.

Table 5:3

FOOD POISONING 1984: Episodes and Causes

CAUSAL ORGANISM	No OF EPISODES	No OF PERSONS AT RISK	No OF PERSONS POSITIVE	No OF PREMISES
Salmonella sp	18	23	18	1
Campylobacter	16	16	16	Nil
Organism not identified	12	69	Nil	Nil

Table 5:4

IMMUNISATIONS GIVEN BY THE PUBLIC HEALTH DEPARTMENT

	<u>1984</u>	<u>1983</u>
B.C.G.	689	820
Rubella	310	378
Influenza	-	320
Rabies	-	7
Tetanus	6	45
Typhoid	1	2
	<u>1,006</u>	<u>1,572</u>

In Guernsey, infant immunisation is given by the family doctors and paid for by the Board of Health.

B.C.G. and Rubella is administered through the School Medical Services and the detailed breakdown is given in the Annual Report of the School Medical Officer for each academic year (not calendar).

Rabies immunisation is offered only to volunteers among Customs officers and certain Harbour staff.

Fire service and some States personnel are kept under surveillance regarding their immunity to tetanus and boosters are given as necessary.

Travellers are encouraged to arrange their protective immunisation with their own doctor, but advice about individual requirements is available from Lukis House.

The clinics offering vaccination against Influenza for States employees were discontinued. There is considerable doubt about its value as a routine measure, though selected individuals may benefit from this protection.

SEXUALLY TRANSMITTED DISEASES CLINIC

Dr. J. E. Strickland has submitted the following report:

Attendance figures for the year 1984

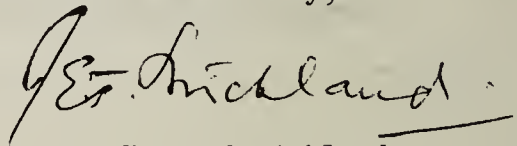
I have pleasure in presenting to you the figures for 1984. The Male Section had slightly fewer new cases than last year, - 115 compared with 150, but the number of attendances was greater, at 265 (237 in 1983).

In the Female Section the number of new cases was much greater, 53 as against 32, as also was the number of attendances, 112 compared with 45.

The total number of attendances, (male and female) increased by 33% from 282 to 377. A disturbing factor was the very considerable increase in the number of cases of gonorrhea - male 33 (20) and female 20 (4). It is also noted that 9 of the female cases were in the 16 to 19 year old group. This suggests that a more vigorous educational policy might be adopted in the schools, in particular stressing the effects of promiscuity and the symptomless woman carrier.

It was also noted that there were more cases of gonorrhea contracted by residents from residents, 14 (6) in the male section, and 7 (0) in the female section. The customary lectures were given as in the previous years.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'J. E. T. Strickland', with a horizontal line drawn underneath the name.

J. E. T. Strickland
Venereologist.

Cases: Total : 115

between residents locally
between residents and non-residents
locally
by residents outside the island
by non-residents outside the island
between non-residents locally

Residents
Visitors
Visiting Seamen
Imported labour
Others not classified above

Under	16
Age	16-19
Age	20-29
Age	30-39
Age	40 and over

Total attendances: 265

Syphilis	Gonorrhoea	Non-specific, Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
-	14	14	-	-	28
-	9	14	-	-	23
2	6	1	-	-	9
-	1	1	-	-	2
-	3	3	-	-	6
2	33	33	-	-	68
2	23	19	25	27	96
-	1	1	1	-	3
-	1	-	-	-	1
-	6	7	6	7	26
-	2	6	1	5	14
2	33	33	33	39	140
-	-	-	-	-	-
-	5	6	3	2	16
-	22	23	17	25	87
1	5	4	11	7	28
1	1	-	2	5	9
2	33	33	33	39	140

SEXUALLY TRANSMITTED DISEASES CLINIC. - FEMALE PATIENTS- 1984.

Table: 5:6

Cases: Total : 53

Specific Conditions

Infection Contracted :

between residents locally
between residents and non-residents
 locally
by residents outside the island
by non-residents outside the island
between non-residents locally

Totals

All Cases

Status

Residents
Visitors
Visiting Seamen
Imported labour
Others not classified above

Totals

All Cases

Age Group

Under 16
Age 16-19
Age 20-29
Age 30-39
Age 40 and over

All ages

Total Attendances : 112

Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
-	7	1	-	-	8
-	1	-	-	-	1
-	-	-	-	-	-
-	4	1	-	-	5
-	8	1	-	-	9
-	20	3	-	-	23
-	7	1	21	7	36
-	-	-	-	1	1
-	-	-	-	-	-
-	5	1	7	4	17
-	8	1	3	3	15
-	20	3	31	15	69
-	-	1	-	-	1
-	9	-	3	1	13
-	9	-	23	10	42
-	2	2	4	3	11
-	-	-	1	1	2
-	20	3	31	15	69

Table 5:7

SEXUALLY TRANSMITTED DISEASES CLINIC

	Cases			Total New Cases of			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977*	146	43	189	0	35	41	322	93	415
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282
1984	115	53	168	2	53	36	265	112	377

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due to changed therapeutic regimens.

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 17 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

If the U.K. incidence of these diseases (1982 figures) were applied to Guernsey, the expected number of cases would be over 500, but this would include a far greater diversity of conditions. The local incidence of Syphilis and Gonorrhoea is very similar to that on the Mainland.

THE WORK OF THE ENVIRONMENTAL HEALTH OFFICER

REPORT OF J.M. BAIRDS, CHIEF ENVIRONMENTAL HEALTH OFFICER,
FOR THE YEAR 1984

It is essential that standards of provision of service and the methods of working conform to statutorily defined limits. The objective of the department is to ensure, by regular inspections, investigation of complaints and by education, that the harmful effects of the environment are minimised

A total of 2118 complaints/requests were made to the environmental health officers during the year (an increase of 8% over 1983 and 17.4% over 1982) with an average of 8 being received each working day.

Dealing with these complaints/requests together with routine work involved a total of 8289 inspections and visits being made by health officers - over 30 a day.

Due to the ever continuing technological and scientific advances and the ever increasing complexity of problems that arise, fewer routine inspections are being carried out each year, particularly with respect to hotels, guest houses etc which form part of the Islands major industries.

Work has been concentrated on those establishments where problems are most likely to occur and where the results of low standards could have serious repercussions.

Table 6:1 shows some selected categories of premises together with details of recommended numbers of visits to each type. Allowance has been made in the table for a 'risk-factor' ie the higher the risk the more frequent the required visits. The final column indicates the actual number of visits made during the year.

It will be seen that actual inspections carried out are only 12.5% of the estimated minimum required.

This is the best that can be done with the existing number of staff when faced with competing demands on their time.

Table 6:1

ENVIRONMENTAL HEALTH DEPARTMENT - WORK LOAD

Type of Premises	Number	Recommended Annual frequency-initial visits	Total initial Visits	Estimated No. of Re-visits Required	Total Estimated Visits Required	Actual Visits in 1984
Hotels	140	6	840	600	1440)	208
Guest Houses	219	2	438	200	638)	
Hostels	8	6	48	10	58)	
Public Houses	32	4	128	130	258	10
Restaurants	80	6	480	450	930	185
Bakeries	9	4	36	80	116	31
Hairdressers	60	2	120	40	160	2
Fish & Chip Shops	9	4	36	36	72	10
Take-Aways	8	12	96	60	156	21
Schools	32	1	32	10	42	1
Swimming Pools	84	6	504	300	804	95
Residential Homes	11	2	22	10	32	51
Playgroups/schools	20	1	20	15	35	-
Mobile Food Vehicles	20	8	160	100	260	19
Totals:	732		2960	2041	5001	634

The work of the section is basically divided into two main areas: general duties and food control. Details of the workload in these categories are as follows:

FOOD CONTROL SECTION

A total of 966 complaints/requests (985 in 1983, 806 in 1982) were dealt with. Details of the 4004 visits and inspections carried out are shown on Table 6:2

FOOD COMPLAINTS

A total of 117 complaints were received (107 in 1983, 85 in 1982); one was resolved by formal action.

Foodstuffs voluntarily surrendered during 1984 included:-

Meat - fresh/frozen	15571 lbs	Fruit and vegetables -	3866 lbs
- tinned	480 lbs	tins -	1254 tins
- products	166 lbs	Dough	1450 lbs
Frozen foods	20707 pkts	Cheese and fats	2748 lbs
Fish	306 lbs	Miscellaneous -	6399 items
			623 tins/packets

Liquids - 3039 Litres.

Food Poisoning

A total of 46 episodes of suspected food poisoning (including cases notified by medical practitioners) were investigated by environmental health officers, involving a total of 248 visits.

Investigations confirmed that of the 108 persons involved, 34 had contracted food poisoning, the majority from infection locally. Details of suspected food poisoning investigations during the year are shown in Table 5:2 on page 38.

Table 6:2

FOOD CONTROL: CLASSIFIED INSPECTIONS AND VISITS

	<u>1984</u>	<u>1983</u>
Hotels/Guest Houses	208	219
Self-Catering	9	8
Restaurants/Cafes/Etc.	186	215
Take-Away Food Premises	21	8
Canteens	-	6
School Catering	1	8
Hospital Catering	11	3
Outside Catering	7	2
Conference Catering	6	18
Bakeries	31	33
Confectioners (Bakery)	3	16
Breweries	4	7
Public Houses	10	19
Grocers	61	68
Greengrocers	-	3
Greengrocers (Wholesale)	4	2
Confectioners (Ice Cream/Sweets Etc)	2	-
Butchers (Retail)	45	41
Butchers (Wholesale)	39	29
Fishmongers (Retail)	13	21
Fishmongers (Wholesale)	1	11
Fish and Chip Shops	10	15
Mobile Food Vehicles	19	28
Cinemas/Clubs	2	-
Packing Stations	-	-
Wholesale Storage Depots	23	36
Kiosks (Beach Etc)	28	18
Food Factories	13	40
Vending Machines	-	-
States Markets	35	12
States Slaughterhouse	4	-
States Dairy	199	201
Milk Depots/Retailers	31	15
Milk Hygiene Investigations	158	245
Dairy Farms	432	428
Registrations (Food and Drugs)	2	5
Examination of Food	210	189
Food Surrender	229	285
Food Destruction (Supervision)	244	291
Food Consumer Complaints	117	107
Food Complaint Visits	368	344
Suspected Food Poisoning Investigations	30	33
Suspected Food Poisoning Visits	248	143
Microwave Ovens (Safety Checks)	-	-
Port Health - Docks	213	15
Port Health - Airport	4	2
Plans Inspected (Food Premises)	56	66
Visits with other Departments	23	29
Lectures (Food Hygiene)	53	21
Alderney - Visits	10	7
Herm - Visits	7	7
Sark - Visits	2	-
Non Classified Visits	572	630
Total	4004	3949

GENERAL SECTION

1152 complaints/requests (962 in 1982, 998 in 1982) were dealt with.

Details of the 4285 visits and inspections carried out in this section are shown in Table 6:3 .

Rodent Control.

In November Mr. Angel retired after 14 years' service. We wish him well in his retirement after serving the department so faithfully for so long.

1579 complaints or requests for treatment were received during the year (1925 in 1983 : 2128 in 1982) and an additional 1819 follow-up treatments were carried out by the Rodent Control Staff.

Category details were as follows:

Initial treatments:

Scheduled sector (domestic and States occupied premises)

659 complaints/requests - 41.7% (38.0% in 1982, 35.3% in 1981)

Non-Scheduled Sector (commercial premises)

920 complaints/requests - 58.3% (62.0% in 1982, 64.7% in 1981)

Follow-up treatments:

Scheduled Sector - 821 visits - 45.1% (44.8% in 1983)

Non-Scheduled Sector - 998 visits - 54.9% (55.2% in 1983)

A more detailed breakdown of the workload is as follows:

<u>PREMISES</u>	<u>COMPLAINTS/ REQUESTS</u>	<u>%</u>	<u>SECONDARY VISITS</u>	<u>%</u>	<u>ADDITIONAL VISITS</u>	<u>%</u>	<u>TOTALS</u>	<u>%</u>
GROWERS	631	40.0	403	37.8	264	35.0	1298	38.2
COMMERCIAL	58	3.7	39	3.7	20	2.7	117	3.4
FARMS	231	14.6	169	15.8	103	13.7	503	14.8
DOMESTIC	313	19.8	221	20.7	148	19.7	682	20.1
MISCELLANEOUS	346	21.9	234	22.0	218	28.9	798	23.5
TOTALS	1579	100	1066	100	753	100	3398	100

A further 331 non-classified visits were recorded.

Disinfestations.

21 disinfestations of premises were carried out during the year (45 in 1983) either by rodent control staff or under the supervision of an environmental health officer.

Noise Pollution.

There were 63 complaints relating to noise during the year (79 in 1983).

Alderney.

A total of 15 visits were made by environmental health officers on food hygiene and general public health matters. These visits included an intensive operation on the rodent population following a similar exercise in 1983. Unfortunately there will be little permanent improvement until waste disposal methods used on the Island have been improved.

Health Education.

A total of 53 lectures on food hygiene were given to students at the College of Further Education.

Table 6:3

STATISTICAL SUMMARY OF GENERAL INSPECTIONS AND VISITS

	1984	1983
Housing (Inspections)	700	779
Housing (Multiple Occupation)	1	4
Housing (Overcrowding)	2	12
Closing Orders	5	10
Closing Orders Revoked	3	13
Hotel Staff Accommodation	21	1
Nursing/Residential Homes	51	78
Hospitals	1	3
Hairdressers	2	9
Workplaces	50	57
Factories	-	6
Schools	3	9
Ships	2	-
Campsites	6	20
Beaches	1	5
Public Conveniences	18	13
Cemeteries/Crematorium	-	1
Swimming Pools	51	95
Atmospheric Nuisances	229	227
Atmospheric Observations	474	202
Noise Nuisances	63	79
Noise Observations	187	118
Refuse Accumulations	270	220
Controlled Tips	21	29
Verminous Premises	66	119
Disinfestations	2	14
Rodent Control	102	153
Fumigations	15	5
Non Public Health Pests	30	45
Water Supplies - Mains	61	53
Water Supplies - Private	119	120
Water Samples	88	117
Streams etc	25	12
Drainage	474	458
Cesspits	44	23
Septic Tanks	-	2
Sewers	12	29
Drain Tests	6	18
Farms	6	4
Piggeries	14	2
Animal Boarding Establishments	-	-
Stables (Riding)	-	-
Infectious Disease - Investigations	4	11
Infectious Disease - Other Visits	12	17
Home Safety	-	-
Health & Safety	8	5
Pharmacy & Poisons	1	3
Lectures (Health Education)	-	-
Plans Inspected	18	18
Visits with Other Departments	4	12
Alderney Visits	5	6
Herm - Visits	4	3
Sark - Visits	-	3
Non Classified Visits	894	695
SO Monitoring	57	218
Asbestos	53	39
Total	4285	4194

CERTAIN STATISTICS RELATING TO HOUSING

Table 6: 4

Year	Priority Families	Eviction Cases	10+ Points	Under 10 Points	Dwellings Constructed	Families Housed	Dwellings in Course of Construction
1968	5	27	25	361	29	53	83
1969	7	23	10	335	59	109	297
1970	8	25	4	374	73	100	244
1971	4	10	1	303	183	194	61
1972	2	8	1	268	65	154	-
1973	1	8	-	268	-	74	-
1974	5	20	3	242	-	54	29
1975	2	18	-	272	36	51	103
1976	1	13	1	277	64	84	58
1977	2	11	-	260	46	104	-
1978	-	14	-	253	14	84	-
1979	2	24	-	282	-	78	65
1980	1	27	-	320	35	80	30
1981	3	30	3	223	-	79	7
1982	3	41	2	227	-	83	31
1983	6	19	-	179	10	82	-
1984	5	26	33	281	9	73	-

I am indebted to the Secretary, States Housing Authority for the above data.

ALDERNEY -ANNUAL REPORT

Dr A. C. Mulvaney, Assistant Medical Officer of Health
in Alderney, has submitted the following report.

ANNUAL REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH
ALDERNEY FOR 1984

I have pleasure in submitting my Annual Report on the health of Alderney for 1984.

The number of births, viz 18, was average; however there was double the number of girls than boys. There were 43 deaths similar to most years, but not 1983 which has proved to be, at 22 a very low death rate for the island. Variations in the cause of death showed a 50% rise in deaths from cancer. The average death rate for the Channel Islands is 10 per 1000 population, the population in Alderney is just over 2000; Alderney therefore has a death rate of 20.6 per 1000. There were 19 female deaths and 24 male deaths, this includes 3 women who died in the Princess Elizabeth Hospital, and one man who died in a road traffic accident in the United Kingdom.

Causes of death were as follows:

Table 7:1

<u>Group</u>	<u>Number</u>
1 Infectious and Parasitic Diseases	1
11 Malignant Neoplasms	11
V1 Diseases of the Nervous System	7
V11 Disease of the Circulatory System	17
1X Diseases of the Digestive System	3
X Diseases of the Genitourinary System	1
XV11 Injury and Poisoning	3
	<hr/> 43 <hr/>

Table 7:2

Age at Death

Total all ages		45 - 64		65 - 74		75 +	
M	F	M	F	M	F	M	F
24	19	3	3	12	4	9	12

The number of births in 1984 was eighteen, six males and twelve females; two were born in Alderney, the remainder in the Princess Elizabeth Hospital.

There were thirteen marriages on the Island

The number of births and marriages were similar to 1983

One only Infectious Disease was notified, viz Measles.

The Child Health Clinic had to be moved to the new nurses home from the Senior Sisters bungalow. Developmental checks were made at six weeks and eight months on eighteen infants, numerous other examinations being made by the Health Visitor. Eighteen complete courses of Diph/Tet/Whooping cough and Polio vaccines were given to the infants, as well as 32 courses of measles vaccine. Sixteen pre-school children were examined, given boosters against Diphtheria and Tetanus and Polio and all were Tine Tested and found to be negative.

In all 64 school children were examined:

Infants	16
New entrants	9
Juniors	17
School leavers	22

Seventeen juniors were Tine Tested and fifteen negative reactors were given B.C.G.

Ten girls (100%) at age 10/11 were given Rubella inoculations, similarly four older girls who attended for their school leaving medical. In all 22 school leavers out of 23 were examined and given boosters against Tetanus and Polio.

The States of Guernsey Environmental Health Officers continued to visit Alderney, examining all premises providing food for sale to the public. Energetic steps were taken to eradicate the rat population by the laying of Zinc Phosphide in the sewers and the Impot tip. A film advising on the eradication of rats was shown but poorly attended. I feel sure that the public would appreciate being invited to co-operate with the Health and Welfare Committee in the elimination of vermin but the latter prefer to deal with the problem through their officers in the hope of not giving the Island bad publicity.

The Nunnery filter beds continued to malfunction but with the arrival of a new States Surveyor more frequent twice weekly inspections will be made in 1985. Overflow from the sewers adjacent to Braye Street frequently occurred. The pipe behind the First & Last Restaurant overflowed three times before a brick was located in the far end of the pipe. The sewage pumping station behind the Divers Inn frequently stopped with the result that raw sewage spilt out of the manhole covers behind the Divers Inn and Sea View Hotel. An alarm system has now been fitted which gives immediate warning if the pump stops operating.

Four consignments of frozen food from the Guernsey cargo boat were condemned as being unfit and three parcels of food removed from shops on the advice of the manufacturer.

Serious disquiet arose in the hot summer months amongst the dockers regarding the handling of meat, to such an extent that a discussion group involving all those involved was formed. Two main problems exist. Firstly, chilled goods sent from Guernsey are in unsatisfactory containers, the problem compounded by the fact that the meat can be delivered to the Guernsey quay well before departure of the boat and removed long after the boat has docked in Alderney. The second problem is in the transport of the chilled meat from the boat to the shops, especially in summer. At the moment meat is transported to the butchers in open lorries. It was concluded that these problems could be solved by the purchase of a chilling compartment by the Alderney Shipping Company which could be lifted directly onto a lorry for transport to the butchers shops.

The increasing cost of the Mignot Memorial Hospital continues to give rise to great concern; it now represents 20% of the Islands expenditure and continues to rise out of control of the States of Alderney as the hospital is controlled by the Guernsey Board of Health. An ad-hoc committee has been discussing ways and means of improving the situation but no firm answers were reached in 1984.

In 1984 the cost of the Mignot Memorial Hospital was £400,000, out of an Island income of £2,000,000. 40% of Alderneys budget is spent on Social Services and the hospital.

Six hotels were inspected prior to them being issued with new Liquor Licences. Three public houses were examined following complaints from the public and steps taken to eliminate the problems.

Camping behind Saye Bay has become very much more popular in the last two years and as a result the States have appointed a manager and built two more public lavatories in addition to the existing two.

One small outhouse in the Marrette was condemned as being unfit for human habitation.

A full time District Nurse was employed and during 1984 the Health Visitor also made frequent calls on the elderly. Home Helps were provided by the States where appropriate and the W.R.V.S. provided meals on wheels. All these valuable services help considerably to relieve the pressure on institutional services.

In the past I have been very remiss in not praising the Island's entirely voluntary Ambulance Service, probably the only one left in the British Isles. It is staffed by members of the St John's Ambulance Brigade; for many years the lion's share of the service being given by Mr. S. Simon and Mr.D. Simon.

We were very sorry to note the departure of Miss B. Salmon in November 1984. She has been nurse, midwife, sister, matron and health visitor since she arrived in Alderney over 20 years ago.

Finally I wish to thank the Guernsey Environmental Health Officers for all their help in making visits to Alderney in 1984.

Yours Sincerely

Adrian C. Mulvaney.

ANALYSIS OF MORTALITY STATISTICS 1984

The accompanying tables give details of all deaths in Guernsey during 1984. (Tables 8:1 and 8:2).

The average age at death was 71.1 for men and 77.1 for women - a difference of 6 years.

Nearly one in every 5 deaths occurred before retirement age and could be termed prematurely early.

The major causes of death remain	Heart attack and strokes	- 44%
	Cancer	- 25%
	Chest disease	- 15%

The major causes of cancer deaths differ between the sexes:

Men

Lung	39%
Bowel	14%
Prostate	13%
All other sites	34%

Women

Lung	17%
Bowel	15%
Breast	14%
All other sites	54%

Nearly a fifth of the cancer deaths (27) occurred in the 45-64 age group, whereas 11% (33 deaths) of stroke and heart attack victims were in this age group.

There was no marked change in the distribution of causes of death. Tumours of the lung continue to be the largest single cause of cancer deaths in Guernsey, and the largest preventable group.

The rate in women may have levelled off after climbing steadily for the past 20 years and is now at about a third of the rate in men. The latter has remained high but steady for the past 10 years.

The slow but steady increase over the past 20 years of deaths due to all forms of cancer is attributed to the increasing longevity of the population.

Cremations are carried out in just under half the deaths, 240 residents (44% of the total). There has been a steady 1% a year increase in this proportion over the past 15 years.

Table 8:1 DEATHS - CLASSIFIED BY CAUSE AND SEX, 1982 - 1984

GROUP	1982			1983			1984		
	M	F	Total	M	F	Total	M	F	Total
I	-	1	1	-	1	1	-	1	1
II	76	67	143	81	74	155	86	59	145
III	4	2	6	4	1	5	1	2	3
IV	2	1	3	-	-	-	-	-	-
V	-	6	6	3	3	6	1	-	1
VI	8	8	16	10	10	20	2	7	9
VII	137	148	285	141	154	295	124	133	257
VIII	46	34	80	49	61	110	38	52	90
IX	10	11	21	12	10	22	16	10	26
X	8	12	20	7	4	11	2	7	9
XI	-	-	-	-	-	-	-	-	-
XII	-	-	-	-	-	-	-	-	-
XIII	1	3	4	-	1	1	-	1	1
XIV	1	4	5	-	1	1	-	1	1
XV	-	-	-	2	1	3	3	1	4
XVI	1	13	14	3	10	13	4	10	14
XVIII	13	13	26	12	6	18	13	7	20
	307	323	630	324	337	661	290	291	581

Table 8:2

GUERNSEY - DEATHS BY I.C.D. CODES AND AGE GROUPS 1984

CAUSE OF DEATH	GRAND TOTAL	TOTAL ALL AGES		UNDER 1		05-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP I <u>Infectious and Parasitic Diseases</u>	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
GROUP II <u>Neoplasms</u>	145	86	59	-	-	-	1	-	-	-	2	12	15	24	15	50	26
GROUP III <u>Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders</u>	3	1	2	-	-	-	-	-	-	-	-	-	1	1	1	-	-
GROUP V <u>Mental Disorders</u>	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
GROUP VI <u>Diseases of the Nervous System</u>	9	2	7	-	-	-	-	-	-	-	-	1	2	-	-	1	5
GROUP VII <u>Diseases of the Circulatory System</u>	257	124	133	-	-	1	-	-	-	3	-	24	15	38	15	58	103
GROUP VIII <u>Diseases of the Respiratory System</u>	90	38	52	-	-	-	-	-	-	-	-	5	2	11	3	22	47
GROUP IX <u>Diseases of the Digestive System</u>	26	16	10	-	-	-	-	-	-	1	1	4	2	5	-	6	7
Carried Forward	532	268	264	-	-	1	1	-	-	4	3	46	37	79	34	138	189

NOTE: There were no deaths in the 1 - 4 age group.

Table 8:2 contd.

GUERNSEY - DEATHS BY I.C.D. CODES AND AGE GROUPS 1984

CAUSE OF DEATH	GRAND TOTAL	TOTAL ALL AGES		UNDER 1		05-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP X <u>Carried Forward</u>	532	268	264	-	-	1	1	-	-	4	3	46	37	79	34	138	189
GROUP X <u>Disease of the Genitourinary System</u>	9	3	6	-	-	-	-	-	-	-	-	-	-	-	-	3	6
GROUP XIII <u>Diseases of the Muscoskeletal System and Connective Tissue</u>	1	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-
GROUP XIV <u>Congenital Abnormalities</u>	1	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-
GROUP XV <u>Certain Conditions Originating in the Perinatal Period</u>	4	3	1	3	1	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XVI <u>Symptoms, Signs and Ill-Defined Conditions</u>	14	4	10	-	1	-	-	-	-	-	-	-	-	1	-	3	9
GROUP XVII <u>Injury and Poisoning</u>	20	13	7	1	-	-	-	5	-	2	-	2	1	2	1	1	5
Totals	581	291	290	4	2	1	1	5	2	6	3	48	38	82	35	145	209

NOTE: There were no deaths in the 1 - 4 age group.

GROUP VII - DISEASES OF THE CIRCULATORY SYSTEM
DEATH FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1979-1984

Table 8:3

I.C.D. Codes	Cause of Death	1979	1980	1981	1982	1983	Average 79-83	1984
400-404	Hypertensive heart disease ("blood pressure")	6 11	3 8	11 6	12 5	9 10	8 8	2 7
410-414	Ischaemic heart disease ("Coronaries")	78 54	67 56	86 53	65 51	75 63	74 55	78 50
430-438	Cerebrovascular disease ("Strokes")	33 39	24 56	27 43	23 48	25 44	26 46	15 40
ALL GROUP VII CODES		156 151	118 144	157 138	137 148	141 154	142 178	124 133

DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES 1979 - 1984

Table 8:5

B.T.L. Codes	Cause of Death	1979		1980		1981		1982		1983		1984		I.C.D. Codes
		M	F	M	F	M	F	M	F	M	F	M	F	
E471	Motor vehicle traffic accident	3	1	-	-	3	-	3	2	3	1	3	1	E810 - 819
E473	Water transport accidents	2	-	-	-	-	-	-	-	-	-	-	-	E830 - 838
E48	Accidental poisoning	-	1	2	-	1	-	2	1	-	2	1	-	E850 - 869
E50	Accidental falls	2	2	-	1	1	-	1	3	2	-	1	4	E880 - 885
E521	Accidental drowning and submersion	-	-	-	-	-	-	-	1	1	-	2	-	E910
E54	Suicide and self-inflicted injury	4	3	3	5	3	4	3	4	2	1	3	1	E950 - 959
E560	Injury undetermined whether accidentally or purposely inflicted	-	-	-	1	2	-	-	1	-	-	-	-	E980 - 989
	Totals:	11	7	5	7	10	4	9	12	8	4	10	6	

GROUP 11 - NEOPLASMS - SOME CANCERS 1979-1984

Table 8:6

I.C.D. Codes	Cause of Death	1979 M F	1980 M F	1981 M F	1982 M F	1983 M F	Average 79 - 83 M F	1984 M F
150	Malignant neoplasm of oesophagus	2 3	1 3	4 1	3 2	3 3	3 2	1 4
151	Malignant neoplasm of stomach	3 4	6 4	5 4	10 12	6 7	6 6	4 3
152-154	Malignant neoplasm of intestine (including rectum)	9 15	6 13	9 12	9 10	12 12	9 12	12 10
157	Malignant neoplasm of pancreas	2 1	7 3	4 1	2 4	5 3	4 2	5 3
162	Malignant neoplasm of trachea, bronchus and lung	30 7	19 11	25 8	29 10	27 11	24 9	34 10
174	Malignant neoplasm of breast	- 9	- 13	- 12	- 10	- 11	- 11	- 8
180-183	Malignant neoplasm of uterus, cervix and adnexae	- 10	- 10	- 6	- 4	- 5	- 7	- 3
185	Malignant neoplasm of prostate	7 -	7 -	6 -	5 -	10 -	7 -	11 -
204-207	Leukaemia	2 1	1 3	- 2	1 -	- 2	1 2	1 1
TOTALS		65 64	72 74	78 58	76 67	81 74	74 67	86 59
ALL CANCER DEATHS.		129	146	136	143	155	141	145

Note: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

Table 8:7

MORTALITY - CANCER (ALL FORMS) 1961-1984

Death by year and sex, rates per thousand resident population

Year	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
62	117	2.62	62	2.88	55	2.37
63	100	2.20	60	2.75	40	1.70
64	100	2.17	51	2.30	49	2.05
65	104	1.22	65	2.89	39	1.61
66	127	1.68	72	3.15	55	2.23
67	114	2.37	68	2.94	46	1.84
68	124	2.54	69	2.94	55	2.17
69	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
71	149	2.93	88	3.59	61	2.31
72	131	2.55	74	2.99	57	2.13
73	129	2.48	65	2.60	64	2.37
74	137	2.61	69	2.72	68	2.50
75	142	2.67	77	3.01	65	2.37
76	139	2.60	70	2.70	69	2.49
77	158	2.91	98	3.74	60	2.14
78	131	2.41	71	2.71	60	2.14
79	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
81	136	2.55	78	3.03	58	2.10
82	143	2.68	76	2.95	67	2.43
83	155	2.90	81	3.15	74	2.68
84	145	2.7	86	3.34	59	2.14

Table 8:8

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1965 - 1984

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales, (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

(Rate/M = Rate per million)

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1965	22	470	563	22	978	958	0	-	168
66	29	611	573	20	876	969	9	365	178
67	26	540	596	24	1,036	1,003	2	80	189
68	21	430	606	18	766	1,015	3	118	198
69	23	464	622	20	839	1,043	3	117	202
70	20	398	631	18	745	1,049	2	77	214
71	39	766	637	36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
73	32	615	651	26	1,038	1,082	6	223	242
1974	30	571	668	22	869	1,099	8	294	260
75	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
80	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356
84	44	825	708*	34	1,322	1,067*	10	362	373*

Ten year averages

1965-74	558	619	987	1,034	161	211
1975-84	661	696	1,054	1,096	296	318
	(+18%)	(+12%)	(+7%)	(+6%)	(+84%)	(+51%)

* Provisional figures.

Table: 8:9

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976 - 1984

by age groupings, with rates and mainland comparisons.

Year					Rate per 100,000	
	Under 40	40-59	60 and over	Total	Guernsey	England & Wales
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9*

Five year average rates 1980 - 1984

Guernsey	39.12 per 100,000 females
England and Wales	49.44 per 100,000 females

* Provisional figure

GUERNSEY - NON-RESIDENTS DEATHS 1984

Table 8:10

ICD NO.	CONDITION	TOTAL ALL AGES		AGE 1-4		AGE 15-24		AGE 25-44		AGE 45-64		AGE 65-74		AGE 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP 11														
151	Malignant neoplasm of stomach	1	-	-	-	-	-	-	-	1	-	-	-	-	-
159	Malignant neoplasm of other ill-defined sites within the digestive organs	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	GROUP V11														
402	Hypertensive heart disease	1	-	-	-	-	-	-	-	-	-	1	-	-	-
410	Acute myocardial infarction	5	1	-	-	-	-	-	-	2	1	-	-	3	-
414	Other chronic ishaemic heart disease	2	3	-	-	-	-	-	-	-	2	-	-	2	1
428	Heart failure	1	-	-	-	-	-	-	-	-	-	-	-	1	-
430	Subarachnoid haemorrhage	-	1	-	-	-	-	-	-	-	1	-	-	-	-
434	Occlusion of cerebral arteries	1	-	-	-	-	-	-	-	-	-	1	-	-	-
441	Aortic aneurism	2	-	-	-	-	-	-	-	1	-	1	-	-	-
	GROUP XV1														
798	Sudden death, cause unknown	1	-	1	-	-	-	-	-	-	-	-	-	-	-
	GROUP XV11														
861	Injury to heart and lung	1	-	-	-	1	-	-	-	-	-	-	-	-	-
994	Effects of other external causes	14	-	-	-	1	-	8	-	5	-	-	-	-	-
		29	6	1	-	2	-	8	-	9	4	3	-	6	2

